

6/26/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Please keep
original file date
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**Enter the email address for this business entity to be used for future
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Foreign Limited Liability Company
IMT Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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03/03/2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IMT Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 100 Commerce Drive
(Street Address of Principal Office)

6. 100 Commerce Drive
(Mailing Address)

Warwick

Warwick

RI 02886

RI 02886

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System by Kimberly Laughrey, Asst. Secretary
By: _____
(Registered agent's signature)

Kimberly Laughrey

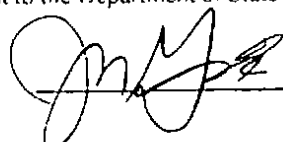
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>James N. Grace III</u>	<input type="checkbox"/> Manager	Name: <u>Peter J. Evans</u>
<input checked="" type="checkbox"/> Member	Address: <u>100 Commerce Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>100 Commerce Drive</u>
<input type="checkbox"/> Authorized	<u>Warwick</u>	<input type="checkbox"/> Authorized	<u>Warwick</u>
Person	<u>RI 02886</u>	Person	<u>RI 02886</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Mark Callahan</u>	 <input type="checkbox"/> Manager	Name: <u>Thomas Weist</u>
<input checked="" type="checkbox"/> Member	Address: <u>13403 Northwest Fwy</u>	<input checked="" type="checkbox"/> Member	Address: <u>13403 Northwest Fwy</u>
<input type="checkbox"/> Authorized	<u>Houston</u>	<input type="checkbox"/> Authorized	<u>Houston</u>
Person	<u>TX 77040</u>	Person	<u>TX 77040</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Randy Rincella</u>	 <input type="checkbox"/> Manager	Name: <u>Joycelyn Ray</u>
<input checked="" type="checkbox"/> Member	Address: <u>13403 Northwest Fwy</u>	<input checked="" type="checkbox"/> Member	Address: <u>13403 Northwest Fwy</u>
<input type="checkbox"/> Authorized	<u>Houston</u>	<input type="checkbox"/> Authorized	<u>Houston</u>
Person	<u>TX 77040</u>	Person	<u>TX 77040</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.



Signature of an authorized person

James N. Grace III

Typed or printed name of signer



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

IMT Services, LLC

is a Rhode Island Limited Liability Company organized on **February 10, 2005.**

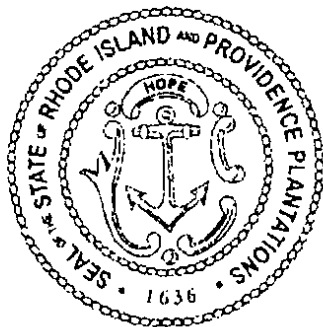
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

May 20, 2020

Secretary of State



Certificate Number: 20050045020

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli